

MARGIN RESERVED FOR BINDING.

FORM 5.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of
or
City of (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
75290

Registration District No. 4408 Registered No. 105
(For use of Local Registrar)

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 16, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Frank Garbrough
(9) PRESENT POSTOFFICE OF FATHER York S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Lancaster Co. - S.C.
(13) OCCUPATION mill work
(20) Number of children born to mother, including present birth 7

MOTHER
(14) NAME BEFORE MARRIAGE Maudie Johnson
(15) PRESENT POSTOFFICE OF MOTHER York S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Lancaster Co. - S.C.
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. McDowell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug. 18, 1916 (28) J. S. Barron Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.